

Dispenser's Implementation Guide (ASAP 4.2)

Nebraska Prescription Drug Monitoring Program

Version: 1.1

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Document Change Log

Version	Section Title	Change Description	Date	Person Responsible
1.0		Official version	4/29/2016	DrFirst and NeHII
1.1	Document Change Log	Added Version column	6/10/2016	DrFirst and NeHII
1.1	Reporting Parties	Added Long Term Care Pharmacies	6/10/2016	NeHII
1.1	PRE – Prescriber Information	Changed PRE08 from required to conditional	6/10/2016	DrFirst and NeHII
1.1	TH – Transaction Header	Changed TH04 from required to conditional	6/10/2016	DrFirst and NeHII
1.1	PAT – Patient Information	Changed PAT19 from required to conditional	6/10/2016	DrFirst and NeHII
1.1	PHA – Pharmacy Header	Removed the example for dispensing prescribers in PHA04	6/10/2016	DrFirst and NeHII
1.1	PHA – Pharmacy Header	Changed PHA10 from required to conditional	6/10/2016	DrFirst and NeHII
1.1	AIR – Additional Information Reporting & CDI – Compound Drug Ingredient Detail	Corrected order of segments, (AIR and CDI)	6/10/2016	DrFirst and NeHII
1.1	ASAP 4.2 Specifications for Reporting the Data	Corrected field size information to align with ASAP 4.2 standard.	6/10/2016	DrFirst and NeHII
1.1	Appendix A	Added Appendix A to clarify jurisdiction code for PAT01	6/10/2016	DrFirst and NeHII

Document Overview

The Nebraska Health Information Initiative (NeHII) Dispenser's Implementation Guide for the Prescription Drug Monitoring Program documents the detailed information a dispenser needs in order to comply with the reporting requirements for Nebraska Prescription Drug Monitoring Program. The intended audience for this document is any licensed pharmacy or dispenser who dispenses a prescription in the state of Nebraska or to an address in the state of Nebraska.

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Nebraska Prescription Drug Monitoring Program Overview

The Nebraska Prescription Drug Monitoring Program available on the NeHII HIE 2.0 health information exchange platform is a medication query functionality available to all prescribers and dispensers in Nebraska at no cost to aid in the identification of drug overuse, abuse or diversion activities. Consumers will not be able to opt out of the PDMP functionality as the data is available through a separate application tile on the NeHII HIE 2.0 dashboard. All controlled substances Schedule II to V that have been dispensed by healthcare professionals licensed in the state of Nebraska or prescriptions delivered to a Nebraska address will be reported to the system. The PDMP will utilize the DrFirst Medication History software which delivers the med query functionality effective 1/1/2017. All prescriptions will be reported to the system 1/1/2018, creating a medication reconciliation tool available to all prescribers and dispensers at no cost to them.

In partnership with the Nebraska Department of Health and Human Services and NeHII, the DrFirst Medication History service allows for the hosting of medication history data for the purposes of prescription drug monitoring. The system is designed to allow prescribers, dispensers, or other registered users to query the hosted information for display by using the DrFirst Medication History service. The Medication History service connects to the hosting service to serve up queried medication history to the requestor.

As part of the medication history hosting service, DrFirst will provide appropriate infrastructure to accept data supplied by pharmacies as required by Nebraska state statute 71-2454. Pharmacies will provide data daily in a standardized format or will provide zero reports if no medications were dispensed that met the required criteria. In the event the records provided by a dispenser are not in the correct format, unreadable or damaged, DrFirst shall not load the record and shall report the error to the applicable dispenser for remedy.

Implementation Process

Format Requirement

The submitter will submit data in ASAP 4.2 format. For details consult the Implementation Guide for Prescription Monitoring Programs Version 4 Release 2 (<http://www.asapnet.org/pmp-implementation-guides.html>).

The requirements for the state of Nebraska are detailed in [ASAP 4.2 Specifications for Reporting the Data](#).

Connection Methods

The submitter will connect via one of the following methods. A user account has to be set up before using any of the methods.

Protocol	Message Format Supported
Secure FTP (SFTP)	ASAP 4.2 Character Delimited
Web Entry	Manual Entry

Data Submitter Upload account setup

Dispensers will need to access a soon-to-be defined URL address to set up their uploader account. The data submitter will enter information specific to the dispenser and will register with the site to receive a username and password that will allow either access to the facility-specific SFTP site or to the manual web entry portal. The URL and screenshots describing the process will be available in version 2.0 of this guide slated for release in July of 2016.

Guidelines for PDMP Reporting in Nebraska

Reporting Parties

Prescriptions dispensed in Nebraska or distributed to an address in Nebraska must be reported by the dispenser or their designee which include:

- Community Pharmacies
- Mail Service Pharmacies
- Delegated Dispensers
- Long Term Care Pharmacies
- Other providers dispensing prescriptions as indicated above

Data Required to be Reported

Dispensers must collect and submit information about all dispensing of monitored prescription drugs, including samples without prescriptions. The timing of prescription data submission from the legislation is below:

Date	Reported Data
01/01/2017	All Schedule II, III, IV and V dispensed prescriptions of controlled substances
01/01/2018	All dispensed prescription information

Frequency of Data Reporting

Nebraska law requires all prescriptions dispensed in this state or to an address in this state to be entered into the system by the dispenser or his or her designee **daily** after such prescription is dispensed.

Dispensing Event Exemptions

The following dispensing events are exempt from being reported to the Nebraska PDMP:

- The delivery of a prescription drug for immediate use for purposes of inpatient hospital care or emergency department care
- The administration of a prescription drug by an authorized person upon the lawful order of a prescriber
- A wholesale distributor of a prescription drug monitored by the prescription drug monitoring system

Waivers

If a waiver is needed for pharmacies not dispensing control substances in 2017, please complete and submit the form available starting September 2016 at www.nehii.org.

Guidelines for Zero Reporting

- If a Dispenser has no dispensing transactions to report for the day, the dispenser must submit a zero report, as described in the Reporting Zero Dispensing topic in this guide.
- If a Dispenser reporting via web entry has no dispensing transactions to report for the day, no action is necessary.
- If a waiver is needed by the Dispenser, refer to the Waivers section above.

Data Submission Requirements

All submitters are responsible for checking the status of their data submissions. It is expected that the data is validated prior to submission to meet the Nebraska PDMP requirements as stated in this guide. All prescriptions with errors will not be uploaded into the system. An error report will be provided. Once the data is corrected, the submitter should resubmit the data as soon as reasonably possible.

Security

In order to maintain the highest level of data security possible, DrFirst implements various Administrative, Technical, and Physical Safeguards.

- DrFirst Data Centers are SOC 2 certified to ensure physical and logical security, system availability and protection of all Patient Health Information (PHI).
- DrFirst is a SAS-70 certified organization, indicating third-party validation of the controls and safeguards that have been put in place to host and process PHI related data.
- All staff members are trained, by a qualified independent vendor, on HIPAA privacy and security. Staff members whose roles require routine access to PHI receive quarterly refresher HIPAA training. Access to PHI is restricted by a need-for-role policy to pre-screened personnel.
- For more in-depth information, the *DrFirst IT Security Brief* is available upon request.

File Specifications

File Structure

Uploaded reporting must be provided by dispensers in the ASAP 4.2 delimited format (via SFTP). The (**Required**) column in the field specification indicates whether the data element is mandatory or not mandatory.

Data Type Notation Matrix

Data Type Notation	Data Type	Character Set / Format
AN	Alphanumeric	<ul style="list-style-type: none">Upper and lower case alphabets<ul style="list-style-type: none">A to Z, a to zNumbers<ul style="list-style-type: none">0 to 9Printable characters: ~`!@#\$%^&*()-_+=+{}[]\ '";:<>.,?/
DT8	Date	Format: CCYYMMDD <ul style="list-style-type: none">CC represents centuryYY represents yearMM represents monthDD represents Day
TM6	Time	Format: HHMMSS or HHMM in 24 hours clock system (military format) <ul style="list-style-type: none">HH represents hourMM represents minutesSS represents seconds
N	Numeric	Used for a whole number, decimal must not be used.
D	Decimal	Used for metric decimal. When the data is a whole number, decimal must not be used.

Data Delimiters and Terminators

- **Segment Identifier** – indicates the beginning of a new segment, for example *PHA*.
- **Data Delimiter** – character used to separate segments and the data elements within a segment, for example, an asterisk (*). Each completed field must be followed by an asterisk, and each blank field should contain a single asterisk. If the last field in the segment is blank, it should contain an asterisk (*) and a tilde (~).
- **Segment Terminator** – character used to mark the end of a segment, for example, the tilde (~).

Note: Field TH09 in the Transaction Header segment contains a built-in segment terminator. Since TH09 also signifies the end of the segment, it must contain two tildes (~~).

Code	Description
Y	Mandatory. Data must be provided in the field.
N	Not mandatory (even if not mandatory, all fields are desired).

File Naming Convention

- The uploaded files must be unique and in this format:
 - UniqueInformationSourceID_FileID_DateTimestamp.dat.
- Unique Information Source ID will be assigned for each uploader during account setup
 - For example: ABC123456
- File ID is assigned by the submitter/dispenser system to uniquely identify the uploaded file. This ID will also be provided back on the summary report and can be used for tracking.
 - For example: A001
- DateTimestamp is the Date and time of the file submission in this format: CCYYMMDDHHMMS
 - For example: 20170102160000
- Before transmitting the file, the file suffix must be set to “.up”. This will ensure that we do not try to download the file while you are transmitting it.
 - For Example: ABC123456_A001_20170102160000.dat.up
- Once the file upload is complete, rename the file to ABC123456_A001_20170102160000.dat.
- Spaces must not be included in the file name.

File Transfer/ Load Timing

- The Dispenser will post on the DrFirst SFTP site daily.

Processing Order

- In the event that multiple files are present, the file will be processed FIFO - in the order in which they were received based on the timestamp of the file.

ASAP 4.2 Specifications for Reporting the Data

The information on the following pages contain the definitions for the specific contents required of uploading records (reporting) in the American Society for Automation in Pharmacy (ASAP) 4.2 format to comply with the Nebraska PDMP requirements.

TH – Transaction Header – Required

To indicate the start of a transaction. It also assigns the segment terminator, data element separator, and control number.

Field	Field Name	Size	Required	Description
TH01	Version/Release Number	AN4	Y	Code uniquely identifying the transaction Value: 4.2
TH02	Transaction Control Number	AN40	Y	Sender assigned code uniquely identifying a transaction GUID is recommended
TH03	Transaction Type	N2	Y	Identifies the purpose of initiating the transaction Value: 01 Send/Request Transaction
TH04	Response ID	AN40	N	Transaction Control Number of a transaction that initiated the transaction Required in response transaction
TH05	Creation Date	DT8	Y	Date the transaction was created Format: CCYYMMDD
TH06	Creation Time	TM6	Y	Time the transaction was created. Format: HHMMSS or HHMM
TH07	File Type	AN35	Y	Code specifying the type of transaction Value: <ul style="list-style-type: none">• P = Production• T = Test Proper codes should only be sent in their respected environments
TH08	Routing Number	AN6	N	Not Used
TH09	Segment Terminator Character	AN1	Y	This terminates the TH segment and sets the actual value of the data segment terminator for the entire transaction

IS – Information Source – Required

To convey the name and identification numbers of the entity supplying the information.

Field	Field Name	Size	Required	Description
IS01	Unique Information Source ID	AN10	Y	Reference number or identification number Assigned by DrFirst
IS02	Information Source Entity Name	AN60	Y	Entity name of the Information Source Assigned by DrFirst
IS03	Message	AN60	N	Freeform text message

PHA – Pharmacy Header – Required

To identify the Dispenser. Maximum 999 in a Batch.

Field	Field Name	Size	Required	Description
PHA01	National Provider Identifier (NPI)	AN10	Y	Must be populated with the Organization NPI.
PHA02	NCPDP/NABP Provider ID	AN7	N	Identifier assigned to pharmacy by the National Council for Prescription Drug Programs. Populate when available.
PHA03	DEA Number	AN9	N	Populate when available.
PHA04	Pharmacy or Dispensing Prescriber Name	AN60	Y	Name of the Pharmacy or Dispensing Prescriber.
PHA05	Address Information – 1	AN30	Y	Address Line 1 of the Dispenser Location.
PHA06	Address Information - 2	AN30	N	Address Line 2 of the Dispenser Location.
PHA07	City Address	AN25	Y	City of the Dispenser Location.
PHA08	State Address	AN2	Y	Valid State Code – US Postal Service state code, Canada or Territories.
PHA09	Zip Code	AN9	Y	US Postal Zip Code of the Dispenser Location.
PHA10	Phone Number	AN10	N	Complete Phone number including Area Code.
PHA11	Contact name	AN30	N	Contact person name.
PHA12	Chain Site ID	AN10	N	Store number assigned by the chain to the pharmacy location.

PAT – Patient Information – Required

Used to report the patient's name and basic information. Max 25,000 in a batch.

Field	Field Name	Size	Required	Description
PAT01	ID Qualifier of Patient Identifier	AN2	N	Code identifying the jurisdiction that issues the ID in PAT03. See Appendix A for list of jurisdictions.
PAT02	ID Qualifier	N2	N	Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. Value: <ul style="list-style-type: none"> • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 04 Permanent Resident Card (Green Card) • 05 Passport ID • 06 Driver's License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (Trading partner agreed upon ID, such as cardholder ID)
PAT03	ID of Patient	AN20	N	Identification number for the patient as indicated in PAT02.
PAT04	ID Qualifier of Additional Patient Identifier	AN2	N	Code identifying the jurisdiction that issues the ID in PAT06. See Appendix A for list for jurisdictions.
PAT05	Additional Patient ID Qualifier	N2	N	Code to identify the type of ID in PAT06. If PAT05 is used, PAT06 is required. Value: <ul style="list-style-type: none"> • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 04 Permanent Resident Card (Green Card) • 05 Passport ID • 06 Driver's License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (Trading partner agreed upon ID, such as cardholder ID)

PAT06	Additional ID	AN20	N	Identification number for the patient as indicated in PAT05.
PAT07	Last Name	AN50	Y	Patient's Last name.
PAT08	First Name	AN50	Y	Patient's First Name.
PAT09	Middle Name	AN30	N	Patient's Middle Name.
PAT10	Name Prefix	AN10	N	Patient's name prefix such as Mr or Dr.
PAT11	Name Suffix	AN10	N	Patient's name suffix such as Jr or the III.
PAT12	Address Information – 1	AN35	Y	Address Line 1 of the Patient.
PAT13	Address Information - 2	AN35	N	Address Line 2 of the Patient.
PAT14	City Address	AN20	Y	City of the Patient.
PAT15	State Address	AN10	Y	Valid State Code.
PAT16	Zip Code	AN9	Y	US Postal Zip Code of the Patient. Populate with zeros ('00000') if patient address is outside the U.S.
PAT17	Phone Number	AN10	N	Complete Phone number including Area Code.
PAT18	Date of Birth	DT8	Y	Date of Birth of the Patient. Format: CCYYMMDD
PAT19	Gender	AN1	N	Code indicating the sex of the patient. Value: <ul style="list-style-type: none"> • F = Female • M = Male • U = Unknown
PAT20	Species Code	N2	Y	Value: <ul style="list-style-type: none"> • 01 Human • 02 Veterinary Patient
PAT21	Patient Location Code	AN10	N	Code indicating where patient is located when receiving pharmacy services if required by the PMP. Value: <ul style="list-style-type: none"> • 01 Home • 02 Intermediary Care • 03 Nursing Home • 04 Long-Term/Extended Care • 05 Rest Home

				<ul style="list-style-type: none"> • 06 Boarding Home • 07 Skilled-Care Facility • 08 Sub-Acute Care Facility • 09 Acute-Care Facility • 10 Outpatient • 11 Hospice • 98 Unknown • 99 Other
PAT22	Country of Non-U.S. Resident	AN20	N	Used when the patient's address is a foreign country.
PAT23	Name of Animal	AN30	N	Required if PAT20 is populated with "02" Veterinary Patient.

DSP – Dispensing Record – Required

Max 300 for batch

Used to report the dispensing of a given prescription.

Field	Field Name	Size	Required	Description
DSP01	Reporting Status	N2	Y	Value: <ul style="list-style-type: none"> • 00 New Record • 01 Revise • 02 Void
DSP02	Prescription Number	AN25	Y	Serial number assigned to the prescription by the pharmacy.
DSP03	Date Written	DT8	Y	Date the prescription was written (authorized). Format: CCYYMMDD
DSP04	Refills Authorized	N2	Y	The number of refills authorized by the prescriber.
DSP05	Date Filled	DT8	Y	Date prescription was dispensed. Format: CCYYMMDD
DSP06	Refill Number	N2	Y	Number of the fill of the prescription. Value: <ul style="list-style-type: none"> • 0 indicates original dispensing • 01-99 is the refill number.
DSP07	Product ID Qualifier	N2	Y	Used to identify the type of product ID contained in DSP08. Value:

				<ul style="list-style-type: none"> • 01 NDC • 06 Compound (<i>Used to indicate it is a compound. The CDI segment then becomes a required segment. See instructions for DSP08</i>).
DSP08	Product ID	AN15	Y	<p>NDC 11-Digit product identification.</p> <p>If the product is a compound,</p> <ul style="list-style-type: none"> • Populate with 99999999999 • The CDI then becomes a required segment
DSP09	Quantity Dispensed	D11	Y	<p>Number of metric units dispensed.</p> <p>Examples: 2.5; 30</p> <p>Note: For compounds show the first quantity in CDI04.</p>
DSP10	Days Supply	N3	Y	<p>The calculated number of days the medication will cover.</p>
DSP11	Drug Dosage Units Code	N2	Y	<p>Identifies the unit of measure for the quantity dispensed in DSP09.</p> <p>Value:</p> <ul style="list-style-type: none"> • 01 Each (used to report solid dosage units or indivisible package) • 02 Milliliters (ml) (for liters adjust to the decimal milliliter equivalent) • 03 Grams (gm) (for milligrams adjust to the decimal gram equivalent)
DSP12	Transmission Form of Rx Origin Code	N2	N	<p>Code indicating how the pharmacy received the prescription.</p> <p>Value:</p> <ul style="list-style-type: none"> • 01 Written Prescription • 02 Telephone Prescription • 03 Telephone Emergency Prescription • 04 Fax Prescription • 05 Electronic Prescription • 99 Other
DSP13	Partial Fill Indicator	N2	N	<p>This field is used when the quantity in DSP09 is less than the metric quantity per dispensing authorized by the</p>

				<p>prescriber. This dispensing activity is often referred to as a split filling.</p> <p>Value:</p> <ul style="list-style-type: none"> • 00 Not a Partial Fill • 01 First Partial Fill <p>Note: For additional fills per prescription, increment by 1 so the second partial fill would be reported as 02, up to a maximum of 99.</p>
DSP14	Pharmacist National Provider Identifier (NPI)	AN10	N	Identifier assigned to the pharmacist/dispenser by CMS. This number can be used to identify the pharmacist dispensing the medication.
DSP15	Pharmacist State License Number	AN10	N	<p>Assigned to the pharmacist/dispenser by the State Licensing Board.</p> <p>This data element can be used to identify the pharmacist dispensing the medication.</p>
DSP16	Classification Code for Payment Type	AN9	Y	<p>Code identifying the type of payment.</p> <p>Value:</p> <ul style="list-style-type: none"> • 01 Private Pay (Cash, Charge, Credit Card) • 02 Medicaid • 03 Medicare • 04 Commercial Insurance • 05 Military Installations and VA • 06 Workers' Compensation • 07 Indian Nations • 99 Other
DSP17	Date Sold	DT8	N	Date prescription left the pharmacy, (it is not the date the prescription was filled).
DSP18	RxNorm Product Qualifier	N2	N	<p>RxNorm value sent in the electronic prescription transmitted to the pharmacy.</p> <p>Value:</p> <ul style="list-style-type: none"> • 01 = Semantic Clinical Drug (SCD) • 02 = Semantic Branded Drug (SBD) • 03 = Generic Package (GPCK) • 04 = Branded Package (BPCK)

DSP19	RxNorm Code	AN15	N	Used for electronic prescriptions to capture the prescribed drug product identification.
DSP20	Electronic Prescription Reference Number	AN35	N	Transaction Message ID value sent in the electronic prescription transmitted to the pharmacy.
DSP21	Electronic Prescription Order Number	AN35	N	Prescriber Order Number value sent in the electronic prescription transmitted to the pharmacy.

PRE – Prescriber Information – Required

Used to identify the prescriber of the prescription.

Field	Field Name	Size	Required	Description
PRE01	National Provider Identifier (NPI)	AN10	Y	Must be populated with the NPI.
PRE02	DEA Number	AN9	N	Must be populated with the DEA if the reported medication is a controlled substance.
PRE03	DEA Number Suffix	AN7	N	Identifying number assigned to a prescriber by an institution when the Institution's DEA number is used.
PRE04	Prescriber State License Number	AN20	N	Identification assigned to the Prescriber by the State Licensing Board.
PRE05	Last Name	AN50	Y	Prescriber's Last name.
PRE06	First Name	AN50	Y	Prescriber's First name.
PRE07	Middle Name	AN30	N	Prescriber's Middle name or initial.
PRE08	Phone Number	AN10	N	Prescriber's primary phone number. Complete Phone number including Area Code.

CDI – Compound Drug Ingredient Detail – Situational

Required when medication dispensed is a compound. The first reportable ingredient is reported as “1” and each additional reportable ingredient is incremented by 1.

Field	Field Name	Size	Required	Description
CDI01	Compound Drug Ingredient Sequence Number	N2	Y	The first reportable ingredient is 1. Each additional reportable ingredient is incremented by 1.
CDI02	Product ID Qualifier	N2	Y	Code to identify the type of product ID contained in CDI03. Value: <ul style="list-style-type: none">• 01 NDC
CDI03	Product ID	AN15	Y	NDC 11-Digit product identification
CDI04	Component Ingredient Quantity	D11	Y	Metric decimal quantity of the ingredient identified in CDI03.
CDI05	Compound Drug Dosage Units Code	N2	Y	Identifies the unit of measure for the quantity dispensed in CDI04. Values: <ul style="list-style-type: none">• 01 Each (used to report solid dosage units or indivisible package)• 02 Milliliters (ml) (for liters adjust to the decimal milliliter equivalent)• 03 Grams (gm) (for milligrams adjust to the decimal gram equivalent)

AIR – Additional Information Reporting – Situational

Used when state-issued serialized Rx pads are used, state requires information on person dropping off or picking up the prescription, or for data elements not included in the other detail segments.

Field	Field Name	Size	Required	Description
AIR01	State Issuing Rx Serial Number	AN2	N	Identifier assigned to the prescriber by CMS.
AIR02	State Issued Rx Serial Number	AN20	N	Number assigned to state issued serialized prescription blank.
AIR03	ID Issuing Jurisdiction	AN2	N	Code identifying the jurisdiction that issues the ID contained in AIR05.

AIR04	ID Qualifier of Person Dropping Off or Picking Up Rx	N2	N	Code indicating the type of ID in AIR05 if required by the PMP. Value: <ul style="list-style-type: none"> • 01 Military ID • 02 State Issued ID • 03 Unique System ID • 04 Permanent Resident Card (Green Card) • 05 Passport ID • 06 Driver's License ID • 07 Social Security Number • 08 Tribal ID • 99 Other (Trading partner agreed upon ID)
AIR05	ID of Person Dropping Off or Picking Up Rx	AN20	N	ID number of the person dropping off or picking up the prescription.
AIR06	Relationship of Person Dropping Off or Picking Up Rx	N2	N	Code indicating the relationship to the person dropping off or picking up Rx. Value: <ul style="list-style-type: none"> • 01 Patient • 02 Parent/Legal Guardian • 03 Spouse • 04 Caregiver • 99 Other
AIR07	Last Name of Person Dropping Off or Picking Up Rx	AN50	N	Last name of the person dropping off or picking up Rx.
AIR08	First Name of Person Dropping Off or Picking Up Rx	AN50	N	First name of the person dropping off or picking up Rx.
AIR09	Last Name or Initials of Pharmacist	AN50	N	Last name or initials of the pharmacist dispensing the medication.
AIR10	First Name of Pharmacist	AN50	N	First name of the pharmacist dispensing the medication.
AIR11	Dropping Off/Picking Up Identifier Qualifier	N2	N	Additional qualifier for the ID contained in AIR05.

				Value: <ul style="list-style-type: none"> • 01 Person Dropping Off • 02 Person Picking Up • 98 Unknown/Not Applicable (An example of <i>Unknown</i>: the pharmacist fails to know the identity of person dropping off the prescription or when a prescription is phoned in; An example of <i>Not Applicable</i>: When the prescription is delivered by pharmacy to the patient's address).
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TP – Pharmacy Trailer – Required

This summary segment to identify the end of data for a given dispenser and provide the count of the total number of detail segments included for the dispenser, including the pharmacy header (PHA) and the pharmacy trailer (TP) segments.

Field	Field Name	Size	Required	Description
TP01	Detail Segment Count	N10	Y	Number of detail segments included for the pharmacy including the pharmacy header (PHA) including the pharmacy trailer (TP) segments.

TT – Transaction Trailer – Required

This summary transaction is used indicate the end of the transaction and provide the count of the total number of segments included in the transaction.

Field	Field Name	Size	Required	Description
TT01	Transaction Control Number	AN40	Y	Identifying control number that must be unique. Assigned by the originator of the transaction. Must match the number in TH02.
TT02	Segment Count	N10	Y	Total number of segments included in the transaction including the header and trailer segments.

Specifications for Zero Reporting

The Zero Report standard is a complete transaction and includes the field definitions required for submitting zero reporting data files. Transaction Headers and Trailer Segments are completed as they would be with a normal report.

In order to indicate a zero report, the following three ASAP data elements within the data files' Detail Segment will be populated as follows:

- PAT07 (First Name) = **“Report”**
- PAT08 (Last Name) = **“Zero”**
- DSP05 (Date Filled) = Date of zero reporting

Submitting Corrections

The submitters/dispensers are responsible for checking the status of data submitted for any issues as indicated in the [Summary and Error Reporting](#).

In the event of a file rejection or error with any of the submitted dispensed data, the dispensing entity is responsible for correcting and resubmitting the data.

Once corrections have been applied, the dispensed data must be sent using the (DSP01 = 01) reporting status; (DSP01 = 00) must be used if the complete file is rejected.

The following key data elements must be the same as on the original reported data.

- **National Provider Identifier (NPI) (PHA01)**
- **Prescription Number (DSP02)**
- **Date Filled (DSP05)**

Submitting Revised Prescription Data

In the event that the original submitted data has changed, the dispensed data must be sent using the (DSP01 = 01) reporting status. For example, the dispenser needs to correct the prescription due to a typographical error in the original reported data.

The following key data elements must be the same as on the original reported data.

- **National Provider Identifier (NPI) (PHA01)**
- **Prescription Number (DSP02)**
- **Date Filled (DSP05)**

Submit all the data elements including corrections on the revised prescription. The revised prescription will replace the previously submitted record.

Please note that any changes to any of the key data elements listed above require that a voided record be submitted for the original reported data.

Submitting a Voided Prescription

In the event that the original submitted data has gone through a dispensing reversal or has been voided by the dispenser, the dispensed data must be sent using the (DSP01 = 02) reporting status.

The following key data elements must be the same as on the original reported data to

- **National Provider Identifier (NPI) (PHA01)**
- **Prescription Number (DSP02)**
- **Date Filled (DSP05)**

Summary and Error Reporting

The summary and error report is a comma separated values (CSV) file. The header will provide a summary of the total records received, total records accepted, total records errored, total records with warnings and total records with duplicates. If the submitted report file could not be processed due to an error, the summary report will contain an error code and text.

The first 8 fields of the summary header will be populated accordingly using TH01 – TH07 & TH09 from the TH Transaction Header (See [TH – Transaction Header](#)) (*TH08 is not used*).

Header

Field Name	Size	Description
Version/Release Number	AN4	Code uniquely identifying the transaction. Value: 4.2
Transaction Control Number	AN40	Sender assigned code uniquely identifying a transaction. GUID is recommended
Transaction Type	N2	Identifies the purpose of initiating the transaction. Value: <ul style="list-style-type: none">01 Send/Request Transaction
Response ID	AN40	Transaction Control Number of a transaction that initiated the transaction Required in response transaction.
Creation Date	DT8	Date the transaction was created. Format: CCYYMMDD
Creation Time	TM6	Time the transaction was created. Format: HHMMSS or HHMM
File Type	AN35	Code specifying the type of transaction. Value: <ul style="list-style-type: none">P = ProductionT = Test Proper codes should only be sent in their respected environments.
Routing Number	AN10	Not Used
Segment Terminator Character	AN1	This terminates the TH segment and sets the actual value of the data segment terminator for the entire transaction%%

Summary

Field Name	Size	Description
Records Received	N12	Total number of prescription records (DSP Dispensing record) reported to the PMP. Does not include non-DSP record types.
Records Accepted	N12	The number of DSP records that do not need to be resubmitted. Therefore, the equation of Records Received- Records Accepted = Records to be Resubmitted.
Total Errors	N12	Total number of DSP records that did not meet the initial success criteria.
Total Warnings	N12	Total number of DSP records that partially meet the PMP's success criteria. The prescription will be added to the PMP database unless the number of warnings exceeds a PMP's threshold, whereby the entire batch of reported prescriptions is rejected and not added to the PMP database.
Total Duplicates	N12	Total number of DSP records that match a previously processed DSP record. Duplicates are not added to the PMP database since they were previously reported. It is up to the pharmacy to review these records to determine the specific causes or whether they need to be modified and resubmitted.

Detail

Field Name	Size	Description
Pharmacy ID Qualifier	AN5	Pharmacy ID Qualifier. Value: <ul style="list-style-type: none"> • PHA01 – NPI • PHA02 – NCPDP/NABP • PHA03 – DEA
Pharmacy ID	AN10	Value related to the pharmacy ID qualifier
Prescription Number	AN25	As described by data element DSP02 in the ASAP standard
Date Filled	DT8	As described by data element DSP05 in the ASAP standard
Field Code	AN5	This will reference the specific field that triggered an exception
Field Description	AN60	Description of the field code

Processing Status	AN02	Value: <ul style="list-style-type: none"> • E – Error, rejected by PMP • W – Warning, accepted by PMP (subject to threshold) • D – Duplicate
Value Provided	AN100	Value of field, indicated by the Field Code, submitted by pharmacy provider that did not meet the success criteria
Comment	AN300	Additional information

- The summary report is sent to the Submitter through email communication.
- For an alphanumeric field with embedded commas or for an alphanumeric field that consists entirely of numerals (for example a ZIP code where a leading zero would not be dropped), the field will be enclosed in double quotes.

Assistance and Support

For any questions or further assistance, please contact NeHII at the following email address - support@nehii.org or call 1-(866) 978-1799.

Frequently Asked Questions

What drugs must be reported?

In 2017 all Schedule II-V dispensed medications must be reported. Starting in 2018, all dispensed medications must be reported.

How often should I submit data?

Dispensers are required to report eligible prescriptions within one (1) calendar day of dispensing.

How are compounded prescriptions to be recorded?

In 2017, dispensed compounded prescriptions containing a controlled substance must be reported. Starting in 2018, all dispensed compounded prescriptions must be reported.

Due to unforeseen problems, I need an extension for the reporting period deadline; what should I do?

Extensions are not granted. Each prescription must be submitted and accepted no later than one (1) calendar day after being dispensed. In circumstances of natural disaster or other unforeseen extraordinary emergency circumstances, please contact the program administrator.

Due to unforeseen problems, I have not been able to submit for more than one day. Can I send all of my overdue data in one file?

Yes, use ISA03 to indicate the submission period date range of the file transmitted. Use the layout #CCYYMMDD#-#CCYYMMDD#.

For example, a pharmacy may be submitting records for the reporting period of March 1, 2017 through March 3, 2017. The full submission period date range would be reported in IS03 as #20170301#-#20170303#

What should I do if I believe I am exempt from reporting?

Please see the section entitled “Dispensing event exemptions”.

I do not work with a software vendor; how should I report the dispensed medication?

If you do not work with a software vendor, you will need to manually enter the dispensed medication using the web entry portal. Further information will be provided in version 2.0 of this guide.

I accidentally submitted incorrect information. Can I delete a record/entry?

Reported data can be updated or voided. If the original medication was reported via the SFTP method, you must submit the report with the appropriate reporting status of Revise or Void. Process for reported data using the web entry portal will be provided in version 2.0 of this guide.

How do I fix a “duplicate” error?

Any duplicate errors reported require no action on the part of the pharmacy or dispenser.

Should a suffix be included in the Last Name Field?

No. It must be populated within the Patient’s Suffix field.

How should the address for a patient not from the U.S. be entered to be accepted by the program?

If a patient resides outside the U.S, enter all zeros in the zip code field ‘00000’.

Appendix A

Code	Description
AB	PROVINCE OF ALBERTA
BC	BRITISH COLUMBIA
MB	PROVINCE OF MANITOBA
NB	NEW BRUNSWICK
NF	NEWFOUNDLAND
NL	NEWFOUNDLAND AND LABRADOR
NS	NOVA SCOTIA
NT	NORTHWEST TERRITORIES
ON	PROVINCE OF ONTARIO
PE	PRINCE EDWARD ISLAND
QC	PROVINCE OF QUEBEC
SK	PROVINCE OF SASKATCHEWAN
YT	YUKON TERRITORIES
CN	CANADA
MX	MEXICO
US	UNITED STATES
AK	ALASKA
AL	ALABAMA
AR	ARKANSAS
AZ	ARIZONA
CA	CALIFORNIA
CO	COLORADO
CT	CONNECTICUT
DC	DISTRICT OF COLUMBIA

DE	DELAWARE
FL	FLORIDA
GA	GEORGIA
HI	HAWAII
IA	IOWA
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MS	MISSISSIPPI
MT	MONTANA
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA
VT	VERMONT
WA	WASHINGTON
WI	WISCONSIN

WV	WEST VIRGINIA
WY	WYOMING
AS	AMERICAN SAMOA
FM	MICRONESIA
GU	GUAM
MP	MARIANAS ISLANDS
PR	PUERTO RICO
PW	PALAU
UM	MINOR ISLANDS
VI	VIRGIN ISLANDS
99	OTHER